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Applicant Form Identifier XO7-1/4-1/15-16-B

Block 1: Header Information

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1. Billed Entity Name	2. Billed Entity Number	3. Service Provider
COLLEGE BRIDGE ACADEMY	16082265	Identification Number (SPIN)
		143000093

Applicant FCC Form 498 ID
443009571

.....

4. Contact Name	Martin Fraley
5. Contact Telephone Phone	(480) 390-3085
Contact Fax	(480) 890-4101
Contact Email	mfraley@completetechaz.com

.....

6. Total Reimbursement Amount
(total from Block 2, Column 14)
\$ 21697.62

Block 2: Line Item Information Per Funding Request Number

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7. FCC Form 471 Application Number (from Funding Commitment Decision Letter)	8. Funding Request Number (FRN) (from Funding Commitment Decision Letter)	9. Bill Frequency	10. Customer Billed Date	11. Shipping date to Customer or Last Day of Work Performed (mm/dd/yyyy)	12. Total (Undiscounted) Amount for Service	13. Discount Rate	14. Discount Amount Billed to USAC (Column 12 multiplied by Column 13)	Approval Status
1) 1050117	2867733	MONTHLY	3/1/2016		\$ 2153.88	90	\$ 1938.49	COMPLETED
2) 1050117	2867733	MONTHLY	7/1/2015		\$ 1797.58	90	\$ 1617.82	COMPLETED
3) 1050117	2867733	MONTHLY	12/1/2015		\$ 1989.65	90	\$ 1790.69	COMPLETED
4) 1050117	2867733	MONTHLY	11/1/2015		\$ 1989.65	90	\$ 1790.69	COMPLETED
5) 1050117	2867733	MONTHLY	2/1/2016		\$ 2207.00	90	\$ 1986.30	COMPLETED
6) 1050117	2867733	MONTHLY	1/1/2016		\$ 1535.34	90	\$ 1381.81	COMPLETED
7) 1050117	2867733	MONTHLY	8/1/2015		\$ 1697.85	90	\$ 1528.07	COMPLETED
8) 1050117	2867733	MONTHLY	9/1/2015		\$ 1697.85	90	\$ 1528.07	COMPLETED
9) 1050117	2867733	MONTHLY	4/1/2016		\$ 9039.64	90	\$ 8135.68	COMPLETED

Block 3: Billed Entity Certification[Need Help?](#)**Contact Information for Billed Entity Authorized Person:**

By logging into your account using your PIN, checking this box, and clicking the "certify" button at the end of the form, you have electronically signed the form. You are reminded that an electronic signature is the same as a handwritten signature on the form. To see a copy of the Terms and Conditions to which you previously agreed, please click on the "Terms and Conditions" menu above.

Submission Date 8/11/2017**17. Name** MARTIN FRALEY**18. Title/Position** CONSULTANT**20. Address 1** 3135 S BIRCH ST**Address 2****City** GILBERT**State** AZ**Zip Code** 85295 -**19. Phone Number** (480) 390-3085**19a. Fax Number** (480) 890-4101**19b. Email** MFRALEY@COMPLETETECHAZ.COM**19c. Name of Authorized Person's Employer** Complete Technology Solutions LLC

OMB Number 3060 - 0856 Form 472

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Client Service Bureau: 1-888-203-8100

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